

**To be completed by OTD
management:**

Reviewed by: _____

Date: _____

Commonwealth of Kentucky
Cabinet for Family and Health Services
Department for Medicaid Services

FOSTER PARENT
Transportation
Provider Agreement

**To be completed by Department
For Medicaid Services:**

Sanction checks completed by: _____

Signature: _____

Date: _____

Each individual applying for a Kentucky Medicaid transportation provider number must complete a separate form.

(Print your full name)

(Social Security Number)

The applicant agrees to:

- Transport Medicaid recipients to and/or from medical services;
- Obey all applicable federal and state laws and regulations concerning the Kentucky Medicaid Program and the Kentucky Transportation Cabinet (driver's license, automobile/vehicle registration and insurance requirements);
- Not discriminate on the basis in the provision of services due to age, handicap, national origin, race, or sex in the provision of service.
- Keep all records of all transportation services provided to Medicaid recipients for a minimum of five (5) years (letters, statements, etc.) for review purposes;
- Notify the Cabinet for Family and Health Services, Department for Medicaid Services of any name or address change.

I understand there may be civil or criminal penalties if I intentionally defraud the Department for Medicaid Services.

The provider or the Cabinet may terminate this agreement at any time. This constitutes the entire agreement between the Cabinet for Family and Health Services and the provider.

APPLICANT INFORMATION:

Original
Signature: _____

Date: _____

Physical Address: _____

Mailing Address: _____

Driver's
License Number: _____

Residing
County: _____

Phone Number: (_____) _____

Return form to:
Lisa Wise, 275 E. Main St. 3W-C, Frankfort, KY 40621

(FOR AGENCY USE ONLY)
Department for Medicaid Services

Authorized Signature: _____

Title: _____

Approval Date: _____

(FOR DCBS USE ONLY)

Name: _____

Signature: _____

Approval Date: _____

Background Check Completed (please circle): Y or N